Health & Nutrition Questionnaire Baby: Birth - 4 months

D		Staff Use Only:	
Baby's name:	Baby's Age:	♣ Medical Home:	Y N
At today's visit, we will talk about: * How your baby is eating * How your baby is growing * Ways to keep your baby he * Questions you may have	althy	Provider:	
Please answer the following ques			
Did your baby need any special care after (s)he was born? ☐ No ☐ Yes:		♣ Growth pattern: 01 03 04 06 07 08 09	
When was your baby's last well child doctor?	d visit at his/her		
Do you give your baby any of the following line Iron	lowing?	* Health/medical 10 11 13 14 18 19 31 32 36 38 39 40	33 34 35
☐ Not now, but he/she was Never breastfed	stmilk astmilk and some formula as breastfed for# of weeks	Breastfeeding72 77	
Does your baby drink formula?			
□ No □ Vas:			
☐ Yes:name of formu	ula # ounces per day		
If your baby drinks formula:			
At what age did he or she star	t?	♣ Formula feeding	
How is formula feeding going? ☐ Going well, my baby is feeding well ☐ My baby is having some difficulty ☐ My baby is fussy and/or throws up often		85	
How do you mix your formula?			
The water I use for making for ☐ Well or spring water ☐ City/town water ☐ Bottled water	mula is:	Family environment	nt:
How often Is your baby around someone who smokes (includes home, childcare, and car)? □ Never			
☐ 3 days per week or les		63	
☐ 4 days per week or more			
☐ person only smokes or	uiside		
Over Please			

	Staff use only:	
If your baby uses a bottle, do you add cereal or other foods to the bottle?	♣ Nutrition practices:	
□ No	64 71 85 88	
☐ Yes if yes, what?		
Does your baby take a bottle to sleep at naptime or bedtime? ☐ No	♣ Topics discussed:	
□ Yes		
Do you wipe your baby's gums?		
□ No	♣ Educational materials given:	
□Yes	□ None	
	☐ Feeding Guide	
Do you give your baby anything to eat or drink other than breastmilk or	□ Loving Support materials□ Guide to Healthy Baby	
formula?	(Spangler)	
□No	☐ Making Own Baby Food	
☐ Yes: if yes, what?	☐ Playing With Your Baby	
	☐ Other:	
My baby is fed: times during the day		
times during the night	- Defermeles	
unles during the hight	♣ Referrals: □ None	
	☐ HBKF☐ Declined	
I know my baby wants to eat when he or she:	☐ Provider/medical home	
	D	
I know my baby is full when he or she:		
	♣ Parent's SMART plan for baby is:	
In which position do you usually put your baby down to sleep? (choose		
one):		
□ Back		
□ Side		
□ Tummy	All shrifting fallows are to the same	
	♣ Nutrition follow up/next steps: □ INCP	
Lucanda lika ta laawa maya abant	☐ Phone call	
I would like to learn more about	☐ Weight check	
☐ Breastfeeding	☐ Clinic or office visit☐ Invited to group/nutrition	
☐ Pumping/storing breastmilk	activity:	
☐ Formula feeding ☐ When to Introduce solid foods		
☐ How to take care of my baby's gums	☐ Other:	
☐ Activities for my baby	♣ Food package: G J Z	
☐ Parent groups in my area	Omissions	
☐ Food resources in my area ☐ Other:		
☐ Other:	♣ Staff signature & title	
	♣ Date of visit	